

Case Number:	CM14-0145314		
Date Assigned:	09/12/2014	Date of Injury:	10/29/2012
Decision Date:	10/22/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male whose date of injury is 10/29/12. He reportedly was using a large valve wrench to turn off a leaking gate valve when he felt a sharp pain in his spine with neck pain, mid and lower back pain. No radiology report was submitted for review, but lumbar MRI dated 03/15/13 was noted to show a 4MM posterior central disc protrusion, annular tear L5-S1 with slight effacement of the thecal sac in the midline, and mild effacement of the thecal sac at L4-5 with a 2 to 3MM broad-based disc bulge greater centrally. Records indicate the injured worker was treated with physical therapy, medications, chiropractic, and lumbar epidural steroid injections without significant improvement. Emergency department physician notes dated 08/11/14, indicates that the injured worker was putting on his shoes and felt a pop in the lower back which he was unable to bear weight. CT lumbar spine on this day was noted to show mild multilevel degenerative change in spine, with moderate central canal stenosis at the L4-5 level with bilateral neuroforaminal narrowing. The injured worker was seen in follow-up on 08/28/14 and states that he is about 50% better from his visit to the ER. On examination gait was normal, and deep tendon reflexes were attacked bilaterally. Sensation was intact and the bilateral lower extremities. Strength was 5/5 in bilateral lower extremities. There was paraspinal muscle tenderness lower lumbar and seated straight leg raise reproduces leg pain on the left.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Specialist referral to orthopedic surgeon, for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: The injured worker reportedly sustained an injury in October 2012 and experienced an acute exacerbation of low back pain on 08/11/14. He had subjective complaints of low back pain, but most recent examination revealed no evidence of motor or sensory deficits to the bilateral lower extremities. Per agreed medical evaluation on 5/30/14 the injured worker is not a surgical candidate. ACOEM guidelines provide that consultation may be indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but they sometimes take full responsibility for investigation and/or treatment of examinee or patient. Based on the clinical information provided, noting the absence of any neurologic deficit on physical examination, and further noting that there is no clear clinical rationale regarding the need for referral as the injured worker previously was determined to not be a surgical candidate, this request is not medically necessary.